

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2012 - JUNE 30, 2013  
Deadline: July 12, 2013**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

2013 JUL 10 PM 2 52

THOMAS J. CASTRO  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Health & Human Services Agency

Division/Unit: Public Health Services (PHS) / PHN

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. <u>2</u>	Hours <u>200</u>	x	\$22.14	=	\$ <u>4,428.00</u>
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Types of work performed by GENERAL VOLUNTEERS in this category:

**Assisted in developing a policy and quality assurance plan for the Community Transformation Grant Strategic Direction 4.1 Social and Emotional Wellness. Compiled a list of mental health resources for PHN clients as member of the Suicide Prevention Workgroup. Developed a Breastfeeding Questionnaire for Public Health Nurses (PHNs) to use with clients.**

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. _____	Hours _____	x	\$22.14	=	\$ _____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	VCL	=	<u>Dollar Benefit</u>
_____	_____				

No. Vol	Total Hours	Total Value
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>2</u>	<u>200</u>	\$ <u>4,428.00</u>
2b: _____		
2c: _____		

TOTALS: <u>2</u>	Total Hours <u>200</u>	Total Value \$ <u>4,428.00</u>
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3. DONATIONS TO VOLUNTEER PROGRAM: N/A

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE \$
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers).

Hours 10 x Rate \$ 48.80 =

\$ <u>488.00</u>
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- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 4 x Rate \$ 48.80 =

\$ <u>195.20</u>
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- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 683.20

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 4,428.00 \_\_\_\_\_
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ \_\_\_\_\_
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 683.20 \_\_\_\_\_

**TOTAL PROGRAM BENEFIT**

\$ 3,744.80

**6. RECRUITING:**

Please describe your recruiting programs:

PHN Administration receives requests from new graduate Registered Nurses who would like to gain experience in a public health setting while seeking employment. Student nurses also make requests to volunteer for public health nursing while in school. No recruitment is needed at this time for volunteers.

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

The volunteer program contributed in generating a policy and quality assurance plan for public health nursing and the Community Transformation Grant Strategic Direction 4.1 Social and Emotional Wellness. The volunteer program also contributed to a breastfeeding questionnaire for PHN staff to use with clients to determine barriers to breastfeeding. This could lead to implementation strategies that could improve breastfeeding rates for PHN clients.

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8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

**PHN Administration would like to use a current volunteer, who has excellent writing skills, for grant applications.**

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Linda Lake

Phone Number: (619) 542-4137 Mail Stop: P579 E-Mail: [linda.lake@sdcounty.ca.gov](mailto:linda.lake@sdcounty.ca.gov)

Volunteer Coordinator: Saman Yaghmaee

Phone Number: (619) 542-4133 Mail Stop: P578 E-Mail: [saman.yaghmaee@sdcounty.ca.gov](mailto:saman.yaghmaee@sdcounty.ca.gov)

10. **DEPARTMENT CERTIFICATION:**

Dan O'Hea  
DEPARTMENT HEAD SIGNATURE

7/9/13  
DATE